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FERRUGINOUS PILL OF MERCURY.

In a number of the London Lancet, for 1843, I observed a formula for preparing mercurial pills, which is as follows :

“ R. Ferri. sesquioxidi ʒi.
Hydrargyri ʒii.
Confect. Rosæ Gallicæ ʒiii.

Contere donec Globuli non Omplias conspiciantur.”

Prepared in the above manner, the mass is not of sufficient consistence to form into pills. The following is the method which I have adopted :

Mercury,	1 oz.
Confection of Roses,	1½ oz.
Sesquioxide of Iron,	½ oz.
Liquorice Root, in powder,	½ oz.

Mix the iron and confection of roses, then add the mercury, and rub till the globules disappear ; lastly, add the liquorice, and thoroughly incorporate it into the mass.

A much less quantity of iron, than is here given, will answer for the speedy and effectual reduction of the mercury. I have formed the mass, as speedily and perfectly with one-fourth, as with the amount given in the formula. If in any instance, it is desirable that an article containing less, should be used, it can easily be prepared accordingly. There are a few cases, where the Iron might be objectionable, but on the other hand, there are many where it would act beneficially as a remedial agent, in this connexion with mercury.

The mercurial pill is in such common use, and of so much acknowledged utility in many cases of disease, that any improvement in its preparation, becomes an object of interest to the profession. Owing to the difficulty of preparing it, after

the formula of the Pharmacopœia, many practitioners prefer purchasing it of the apothecary, and an inferior article not to be relied on, is often procured, and thus the looked for results of their prescriptions, are not realized. It is all important, that Physicians should be acquainted with the quality of their remedies, in order to treat successfully, disease. By the addition of the Iron, the great labor of forming the blue pill is done away with, so that every physician can prepare his own. What required hours of labor, by the method usually adopted, may be accomplished, by this new form, in ten minutes. I have, in from 5 to 10 minutes, so thoroughly reduced the mercury, that no globules could be discovered by the aid of a glass, magnifying from 10 to 15 times. Should the physician still prefer to purchase of the apothecary, (if he would prepare after the foregoing manner,) a more uniform article, and of a superior efficacy would be received.

Sulphuric acid is sometimes added to the conserve of roses to improve its color, which, if present, when the mercurial pill is prepared according to the usual method, forms a subsulphate of mercury—a compound possessing very energetic properties; but when formed with the oxide of Iron, instead of this, a harmless ferruginous salt is produced, and the uniformity of the mercurial compound is not disturbed. Mr. Abernethy, in speaking of the uncertainty of the blue pill in its operation, seems to think, that this may depend on the sulph. acid, which frequently is found to exist in the conserve of Roses. Dr. Paris observes: "It is not improbable, that in making the conserve for sale, some of this acid may be added to brighten the color; and if so, the mercurial pill, which is made from it, may contain in varying portions, some of that highly deleterious compound, the subsulphate of mercury."

Again, when prepared after the usual manner, the strength is liable to vary, on account of the difficulty of reducing the mercury, for which reason it is many times left in an imperfectly finished condition; but by the method now offered, this difficulty is entirely obviated. There have been different theories with regard to the manner in which the oxide of Iron assists in the reduction of the mercury; but at present we shall not enter upon the discussion of this point, but content ourselves with the fact that it assists very materially in the formation of the mercurial pill. Lastly, I believe this prepa-

ration to be superior to the usual one, in all cases where Iron is not contra-indicated. I have now used it for nearly two years, and have found it much more satisfactory than the other. According to my experience, it is more energetic as a cathartic, and acts with more promptitude and certainty upon the secretions. In cases of Anemia and protracted intermittents, when mercurials are indicated, this preparation is peculiarly applicable, in consequence of the Iron it contains.

The advantages which this possesses over the common blue pill, may be summed up as follows: 1st. It is much more easily prepared. 2nd. Its strength is more uniform. 3d. It is more active and uniform in its operation.

Jackson, June, 1845.

JOHN MCLEAN.

TRIAL FOR MALPRACTICE.

Wm. Tims vs. James P. White.—This was an action brought in the Circuit Court, in Erie co., N. Y., and tried on the 18th June, ult. The material facts of the case, as reported, are: that the plaintiff fractured the femur (the date of the accident, and the point of fracture do not appear); Dr. White dressed it, using the double inclined plane; that at the end of forty-seven days the apparatus was removed, the patient being directed to remain in bed; there was some pain; patient walked about, and, at the end of a certain time, the limb was found to be an inch shorter than the other, and angular at the point of fracture. Dr. Wilcox testified, that at the time the dressing was removed, the fracture appeared to be consolidated, and "the limbs were of equal length and proper direction." Drs. Bissel and Flint testified, that the patient said his leg was straight when the splints were taken off. Most of the medical testimony was to the effect that the treatment was judicious; that the double inclined plane is the preferable apparatus; that it may be removed in some cases as soon as forty days after its application. It was proved that, in this case, there was much pain and spasmodic action after the removal of the dressings. The jury did not agree upon a verdict, this being the second time the same result had been obtained.

Remarks.—If we place implicit reliance on the testimony in this case, we must believe that the deformity and shorten-

ing of the member took place after the removal of the splints; that this resulted either from the improper use of the limb, or from spasmodic action of the muscles. In either case there can be little doubt that the verdict should have been in favor of the defendant.

We were, however, a little surprised, that the eminent and judicious men called as medical witnesses, should have given such favorable opinions of the double inclined plane, in fracture of the *shaft of the femur*. That it is preferable in fractures occurring near the extremities of that bone, we do not doubt; but, from observation, and personal experience with both kinds, we must give a preference, in fractures near the extremities, to the straight apparatus. The result of this case, and the testimony given in it, do but confirm us in this opinion. Thus, Prof. Hamilton, who uses the angular apparatus, says, with a frankness worthy of all praise, he "never succeeded in making a fractured limb of the same length as a well one." For ourselves, since using the straight splint of Dessault, three cases of fracture of the thigh, near its middle, have come under our care, and in neither of these has there been, so far as the patient could discern, the slightest difference between the members of the injured and well sides. We say as far as the patient could discern, for accurate measurement with a string was not made. But in no case, in the adult, have we removed it before the twelfth week.

In a great number of cases, however, owing to the character of the injury, the irritability of the muscles, the state of the system which retards or prevents the formation of callus, the indocility or want of care on the part of the patient, it is impossible for the most skilful surgeon, with the most perfect apparatus, to reproduce a perfect limb; and it is important that this should be generally known, as it would, in many instances, protect surgeons from prosecutions originating in improper motives, personal feeling, or ignorance, whether they be found in patients, professional men, or the public.

D. B.

BIBLIOGRAPHICAL NOTICES.

On the Anatomy and Diseases of the Urinary and Sexual Organs, containing the Anatomy of the Bladder and Urethra, and the Treatment of the Obstructions to which these passages are liable. By G. J. GUTHRIE, F. R. S., &c. From the third London edition; pp. 150, 8vo. Philadelphia, Lea & Blanchard, 1845. (From the Publishers.)

We propose, in a brief analysis, to give our readers a view of the contents of this volume, dwelling particularly upon such parts as are of peculiar interest, from their novelty or importance.

Chap. I, embracing 26 pages, treats of the anatomy of the bladder. In addition to a pretty full and clear description of this organ, as usually given, the author advances the opinion, that the peculiar structure about the mouths of the ureters, is designed to keep them always patulous, except when the bladder is distended, when they are pressed upon and closed, in order to delay if not to prevent the flow of urine into the kidney. The effect of this is to check the secretion, diminishing it from over to less than 1 pint in twenty-four hours, by retaining it in the ureters, and thus pressing upon the kidney. Another peculiar view of our author, is that the little projection, below the orifice of the bladder, called by Sir Everard Home, the third lobe of the prostate, and by the French, *luette vesicale*, is in fact only a part of the coats of the bladder, and is not a part of the prostate.

Chap II, of 22 pages, is devoted to the structure of the urethra. Contrary to the received opinions, our author regards this as not muscular, but as a compensation, he allows it to be possessed of a peculiar contractility, which would reduce the controversy to one of words rather than of structure. We do not, however perceive, that he has advanced anything to induce a change of views on this part of the question.

Chap. III embraces 13 pages on the formation of spasmodic and permanent strictures. In reference to the former, they are thought by Mr. Guthrie to be very rare, and those so called he considers as engorgements of the mucous membrane, best relieved, he says, by the immediate introduction of a catheter.

The chapters on the treatment of permanent and impassable stricture, are very full and judicious, surpassing very much in merit, those devoted to the anatomical descriptions. The method in almost universal use, for the cure of permanent stricture of the urethra, is by dilatation with gum-elastic bougies. We say almost, for Ricord persists in treating the great majority of these by lunar caustic; and notwithstanding

theoretical views, or general opinion, our own observations bear witness to the safety and success of his treatment. The caustic, well applied, acts by removing inflammation of the passage, and the relief which it affords, proves the great agency which this state has in aggravating the disease. Mr. Guthrie does full justice to this method, which, he remarks, has fallen into unmerited neglect. He, however, in most cases, prefers to use dilatation, either from the beginning, or after having allayed irritation by caustic. He prefers the wax bougies for exploration, and those of gum-elastic, or of silver, for removing the stricture. When this is near the orifice, he practices division with the knife. We have found rupture by passing a sound through it at once, to answer perfectly.

When the stricture has become impassable, there are two methods which may be used: 1st, pass a bougie down, so as to press its extremity upon the hardened gristly substance of which it is formed; this repeated for several days, will frequently produce absorption, and allow the instrument to pass. When this is not the case, he recommends passing a catheter down to the stricture, making an incision from the perineum into the urethra, behind it, so as to discharge the water, dividing the stricture, and passing a catheter into the bladder, allow this to remain till the wound heals. This, or some operation, which like it, discharges the urine and divides the stricture, is the one generally approved at the present time.

It will be seen that our author is not exclusive in his mode of treatment, and the cases in which the different methods are to be chosen, are very accurately discriminated.

There is a chapter on suffusion and retention of urine, which we pass over, in order to make room for some remarks on a subject less understood, to which the last chapter is devoted, viz.: irritation of the membranous and prostatic parts of the urethra.

These, the author ascribes, in many cases, to the irritating qualities of the urine, and recommends a careful examination of this fluid, in reference to its more prominent chemical properties. The treatment is to be regulated by the result. In other cases they are dependent upon an affection of the spinal cord, which renders the patient unable to evacuate all the urine; in others, upon gonorrhea, upon piles or other disease of the rectum, &c. In nearly all cases, when other remedies fail, opium allays the pain, and affords great relief. It is obvious, that in all these different classes of cases, regard must be had to the cause; but in removing the irritation, we have found nothing so effectual as the cauterization with the Nit. Arg., as recommended by Lallemand, which, however, Mr. Guthrie does not recommend. The name of the author, and his position as surgeon of the Westminster Hospital, will suf-

ficiently commend the work. We can add, that from careful perusal, we have found it a most useful source of information, in relation to the diseases of which it treats. D. B.

Summary of the Transactions of the College of Physicians of Philadelphia, from November, 1844, to March, 1845.

This summary consists of 50 well printed 8vo pages, and contains the Annual Report on Surgery, in addition to much valuable general and statistical information, contained in the reports of the committees on various subjects, and papers read by individual members. It is valuable as the organ of one of the most authoritative medical bodies in existence, and from the fact that its reports are submitted by gentlemen long acknowledged as among the most eminent in our country. We have merely room for a brief analysis of its contents.

At the stated meeting, on Nov. 5th, 1844, the *Annual Report on Surgery* was presented and read by Dr. PARRISH. This report contains a tabular summary of the cases of gunshot wounds admitted into the Penn. Hospital, during the riots of May and July, 1844. The table was furnished by Dr. Logan, one of the resident physicians of the Hospital. Of fourteen cases admitted, seven died. "The larger number were admitted on the evening of the seventh of July, during the battle between the mob and the soldiery which occurred in Southwark; and from the contiguity of the Hospital to the scene of action, but little time elapsed before they were placed under surgical treatment. In several of the cases seen by your reporter, where the wounds were mortal, the patients were tormented with that intense and insatiable thirst which occurs in some forms of low fever, and in very prostrate conditions of the system, and which is noticed as among the most horrible torments on the field of battle; together with vomiting, and extreme jactitation and restlessness. In two of the cases, death occurred without reaction, while in several others, the patients lingered in a hopeless condition for several days. It was also remarked that, the wounds by slugs were more severe and dangerous than those by balls—the slug being irregular in shape, and producing more extensive laceration of the parts with which it comes in contact."

Several cases are mentioned in the report of particular interest. In one case, a ball traversed the lower part of the abdomen, without inflicting injury upon any of the viscera; the patient lived fifteen days with the ball lying in the cavity of the abdomen. There were two cases in which the cavity of the chest was penetrated, both of which proved fatal. But

one case required amputation. In this case there was a comminuted fracture of the neck and head of the humerus, produced by a grape shot. Amputation at the shoulder joint was performed by Dr. Norris, fifteen hours after the reception of the injury. The operation was performed July 7th, and the patient discharged cured August 20th. In a case of comminuted fracture of the femur, produced by a musket ball, contrary to the weight of authority which demands immediate amputation, an attempt was made to save the limb. The report says of this case: "His youth, temperate habits, and good constitution, were all in his favor, and rendered the case more hopeful than usual. The result appears likely to to meet their most sanguine anticipations, and, should he recover with a good limb, his case will furnish an important addition to our experience on this interesting subject. The result is perhaps mainly attributable to his youth, as it is found that nearly all the cases of recovery after compound fracture of the thigh, whether produced by ordinary accidents or by fire arms, are in persons under age."

Several interesting cases occurring during the riots, and under private treatment, are contained in the report. A case of comminuted fracture of the humerus, with extensive laceration of the soft parts, was successfully treated by Dr. Norris, by amputation near the shoulder joint. A case which fell under the joint care of Drs. Parrish and Remington "is especially worthy of record, from the fact of the perfect restoration of a limb after a pistol shot, which penetrated the thigh, and fractured the femur above the condyles." The ball was smooth, and not larger than large buck shot; "the patient young, of remarkably fine constitution and temperate habits." A case was treated by Dr. Ashmead, of fracture of the patella into several pieces, with opening of the knee joint. The straight splint was used, dressings of lint, careful avoidance of access of air to the knee joint, perfect rest, and opium, stimuli and nutriment to obviate threatened tetanus. At the end of four weeks, the patient "was able to sit up, and was allowed to give slight motion to the joint. When last seen, Nov. 1st, he was found to have as free use of the limb, as is usual after ordinary fracture of the patella—a firm ligamentous union having taken place between the fragments. The circuitous course of the ball, passing around the head of the tibia, and traversing a route of four or five inches without entering the joint, was remarkable—as was the recovery of the use of the limb to its present condition, without serious inflammation and stiffening of the joint."

Other interesting cases are reported, which we have no room to notice.

At the stated meeting of Feb. 4th, 1845, Dr. Moore presented and read the Annual Report on Meteorology and Epi-

demics. This Report is worthy of much credit, as the means afforded for its preparation in the city of Philadelphia, by the well conducted Dispensaries, the excellent Hospitals, and the Books of the Board of Health, are ample and doubtless correct. We give space to a few extracts from the remarks upon *Prevailing Diseases*.

Of the diseases of the respiratory passages, one third might be referred to the inflammation of the mucous membrane, "constituting the Catarrh and Bronchitis of medical writers. By the latter title, the fatal instances are recorded in the list of interments in the city and adjoining districts. In the period embraced in the present report, such affections have not been considered epidemic. Until after the autumnal equinox, the assemblage of symptoms corresponded with the character given to catarrh by nosological writers. In October and the two succeeding months the disease became more prevalent, and was generally ushered in by rigors, accompanied, often, by severe pain in the limbs. To these were superadded great disturbance of the stomach, indicated by nausea and bilious vomiting. In a few cases, diarrhæa was observed. The disturbance of the digestive organs prompted the exhibition of emetics; the operation of which, in many cases, was followed by a cessation of the nausea, and a mitigation of all the symptoms.

"Inflammation of the other pulmonary tissues seems to have been in the proportion and degree observed in ordinary years. The bills of mortality do not indicate any great number of fatal cases.

"Of the Exanthemata, Scarlatina occupied the most conspicuous rank. During the months of January, February, and March, there were many fatal cases. In a widely extended population, varying in habits and constitution, and operated on by causes not yet appreciated by medical writers, Scarlatina, like other epidemics, does not affect different individuals with equal severity. The disease was often mild, consisting merely of a scarlet efflorescence, with little or no affection of the throat. Considerable tumefaction of the tonsils, attended by an accumulation of mucus, and great difficulty in swallowing, was observed in most of the fatal cases. In some instances, extreme prostration of the system was observed at the very onset; in other instances, the indications of danger came on later. Fœtor of the breath was observed in the malignant forms, and was always a cause for apprehending a fatal issue. Death seemed to be often occasioned by the disease pervading the pulmonary tissues, oppressing respiration, and causing a livid appearance of the face. Lethargy, coma, and convulsions, showed that the brain was implicated and death was often induced by the determination or translation of the disease to the cerebral system. On a retrocession of

the eruption, the symptoms generally announced this important organ to be affected. The acid odor of the breath was not uniformly associated with the corresponding acid condition of the urine, as observed in former years. The mortality falls far short of what was recorded in 1843.

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"To the quality and quantity of the ingesta, many of the acute morbid derangements of the stomach and bowels may be readily traced. Accordingly, affections of this character occur at all seasons of the year. Inflammation of the alimentary canal proceeds more frequently from the food that has been taken, than from any atmospheric influence, though exposure to the cold seems often to contribute in occasioning the disease. The weekly lists of interments present the greatest number of deaths from inflammation of the stomach and bowels in June, and the smallest in February. Colic being caused, most commonly, by irregularities in diet, and by inattention to the due discharge of the fæces, is confined to no period of the year. In September, and during the subsequent months, the disease was often accompanied by bilious vomiting. In these cases, the mild chloride of mercury, given in grain doses, at short intervals, seemed to exert the most favorable influence; correcting the irritability of the stomach, and bringing about a free discharge from the bowels, ineffectually attempted by enemata and purgatives of a bulky form. Some cases of Cholera were noticed in March, apparently occasioned by the character of the food. The Cholera incident to children during the period of the primary dentition, was observed early in May; and proved fatal to eight persons of this age, as recorded in the bills published by the Board of Health. In July, the deaths from this source amounted to one hundred and sixteen. The aggregate number of children who died of Cholera, during the summer months, is stated to have been two hundred and thirty. In 1843, the annual bill exhibits two hundred and sixty-eight deaths from Cholera Infantum.

"Diarrhea and Dysentery were more frequently the subject of medical attention than in ordinary years. Dysentery was comparatively mild, and yielded readily to gentle purgatives, succeeded by the compound powder of ipecacuanha, combined with the blue mass, or given with the syrup of Tolu, according to the ability of the patient to swallow pills, or to take the medicine in the other form."

At the stated meeting, March 4, 1845, Dr. Condie presented the annual report on Diseases of Children. Dr. C. speaks in terms of the highest commendation of the recent work of MM. Rilliet and Barthez on the Diseases of Children, with some cautionary remarks to practitioners, upon the discrimination to be made between the mass of their cases, occurring among

the destitute and in hospitals, and those found among the better class in private practice. The report is founded upon the various recent monographs upon the diseases incident to childhood, and their pathology, and contains an excellent and convenient summary of the main facts contained therein.

Much other matter of importance in the pamphlet we must pass over in silence. There is added to the work a Bibliographical Memoir of John C. Otto, M.D., late Vice President of the College of Physicians, read before the College by appointment, March 4th, 1845, by Isaac Parrish, M.D. This is a proper tribute to the memory of an excellent man, an eminent physician, and one of the founders of the College.—ED.

The Buffalo Medical Journal.—This is the title of a medical journal, the first number of which was issued in the city of Buffalo, in June. It is edited by our late colleague, Austin Flint, M. D., under whose management it is certain of success, if that success be at all dependent upon the industry, talent, or acquirements of its editor. It contains 24 well printed octavo pages, with a neat cover, and is to be issued monthly, at the rate of \$1,00 a year, in advance. The first two numbers, which are before us, contain a fair proportion of excellent original communications, and a variety of well selected matter. Among the former, we are pleased to notice the commencement of an interesting series of "Notes of a European Tour," by F. A. Hamilton, M. D., Prof. of Surgery in Geneva Medical College. We welcome with pleasure this accession to our exchange list, and wish the new Journal and its editor all the success which merit deserves.—ED.

PRACTICAL MEDICINE, &c.

On the Use of Large Doses of Quinine.—Report of a Committee of the Medical Department of the National Institute, on Dr. Buck's Paper, "On the Use and Abuse of Medicine."

(Continued from No. 3.)

The second reason why larger doses are more admissible than formerly, is the marked modification of the various diseases to which the human family are liable within the last half century. This is truly remarkable, and it is from this circumstance we must account for the numerous fashions which have prevailed in medicine and medical practice, and which are so pointedly alluded to in the paper of Dr. Buck. Within our own recollection many have reigned, and have been superseded. This, though, may be all accounted for very rationally—the necessity of the change in the mode of practice being required by the changes which disease has un-

dergone; the practice being in accordance with the exigencies of the cases. We must not be understood as expressing the view that the character and the nature of the *semina morborum* have undergone any modification; that there has been really any change in the cause of disease. It is the same causes acting on the *systems* which have been revolutionized by the habits of man, by his advancement in civilization, by his increase of an indulgence in luxuries. These influence the habits, morals and customs of whole nations, and may account for the different influences which the *semina morborum* have now from what they had when man was nearer his primitive state. In illustration of this, we may refer to the influence of climate, season of the year, &c., on the character of disease. We may farther illustrate it by exhibiting to you the fat, jolly, beef-eating and beer-drinking alderman of London; the butler of "my lord's" mansion, confined solely to his domains; or the Frenchman confined to the purlieus of Paris, accustomed to breathe only its foul and polluted air, subsisting on soups, sour wines and "lavements." Compare these with the hardy American, living in an open and well ventilated country, confined to no space, bound by no usage, and subsisting on food compatible with his nature. Now examine what will be the effect of similar causes of disease acting on these two dissimilar classes of individuals. Why, the same cause of disease acting equally on these several individuals would produce dissimilar effects, which would require different methods of treatment.

Here we have illustrated the principle, with which we set out in the above paragraph, that causes modify the action of disease and treatment. Climate, it is well known, produces differences in the character and the type of diseases. It changes the whole nature of the treatment. The subjects of Florida, and of the whole South Western and Southern countries generally, are liable to sudden and violent forms of disease, different in their type from those of the North and East, and generally unknown to those people. This principle, doubtless, accounts for the difference in the quinine practice of the two regions. It accounts for the necessity of giving large doses of the article, in some countries, while smaller doses answer for others. It may account for the fatality attendant on the administration of this medicine in France, and its beneficial effects in this country. This principle, and that already alluded to, viz.: the applicability of this medicine only to periodical malarial diseases, may serve to account for the discrepancy of the testimony relative to the advantages of the large doses of quinine. In speaking of the change which disease has undergone, without assigning other causes for this change than those already mentioned, we may assert our belief that disease has undergone a very essential and marked change

in its type in this country. And in this opinion we are not singular. In conversation with men of eminence, we find the same opinion entertained. The nervous system seems to be more or less involved in nearly every form of disease which presents itself to us; and this has been particularly the case in this section of country. Thus we have nervous, neuralgic symptoms complicating nearly every case which presents itself to us. If this fact can be sustained by more extended observation, as we believe it can be, it will go far to account for the modification necessary for the treatment of diseases.

The question now properly presents itself—inasmuch as the mass of beneficial effects of large doses of quinine have been made in the Southern and South Western portions of this country, will the practice equally answer in other sections of the United States? Or should we modify the practice according to the climate, seasons of the year, &c.? Do intermittents of every portion of the United States, and of every country, require to be treated by large doses of quinine? This we consider a question of the first moment. Admitting, as all must do, the propriety of the practice, at least in the South, should it not be imitated elsewhere? What has been the result of the observations of the physicians of the Middle States, and in our own District? Information on this subject, thus far acquired, leads us to the belief, that this class of diseases, arising as it does from the same cause, requires little modification in its modes of treatment. In this city, it is not an uncommon practice to administer 10, 20, or 30 grains of quinine daily, in one, two, or three doses, with decided benefit, not only in intermittent but in neuralgic diseases. This practice, thus pointed out in the paper already alluded to, published in the Baltimore Medical and Surgical Journal, from a highly respectable source in Maryland, is now the common practice of the lower counties of that State. But how shall we meet this question when applied to the Northern sections of the country? Malarial diseases in these are so infrequent, that but few opportunities exist of testing the value of the practice. Judging from the paper of Dr. Buck, we should rather infer, that physicians oppose the practice, either from fear of resorting to it, or ignorant of its advantages. Having succeeded by the continued administration of small doses, they are unwilling to countenance this innovation on established practices. These prejudices are of course to be regarded and duly respected. A sufficient number of observations have not yet been made, perhaps, to justify the universal adoption of the practice, although sufficient to justify a continuance of the observations. Time only can prove the value of the practice universally.

And why should not large doses of quinine be preferable to smaller, after all that has been said? Let us now present

some reasons drawn from analogy, and from the true *modus operandi* of this medicine. We have stated that all articles of the *materia medica* have their medicinal dose. We may go farther, and assert that the effect of medicines depends often upon the *dose* and the *mode of administration*. Take almost any article of the *materia medica* and examine its properties; we find that *upon the dose* will depend the effect. Nearly all emetics are tonics in small doses; they act as diaphoretics in other doses, and then we find them producing their specific emetic effects in full doses. Now take *opium*; would you give minute doses to produce sleep in *mania a potu*? Take *calomel*; would you give it in minute doses to produce catharsis? Need we go farther to illustrate, from the *materia medica*, that upon the dose of a medicine depends its effect? Then why need we exclude from quinine this property of producing different effects, in proportion to its doses? We should not, as illustrated by the observations already made. Let us recommend to the profession to cast aside old and wedded prejudices, and to open their minds to conviction. If they are not satisfied with the statements that have been made, and are unwilling to venture upon the administration of large doses of quinine, they may at all events feel assured that no injury can result from a cautious imitation of the practice.—The field is still open for observation and experiment, and the subject is of sufficient importance to demand all the energies of the laborers in science and the friends of humanity. For, after all, it is from the accumulated evidence and experience of the profession, that we are to be governed in this as well as in all points of practice?

It will therefore be seen that we entertain different views as to the administration of large doses of quinine, from our friend Dr. Buck. We agree perfectly in his motto, "*in medio tutissimus*," &c. We agree with him, also, that medicines are to be used and not abused—"Utor et non abutor." The questions between us, then, are, first, *what is the medium dose*, and what would be the abuse of this medicine? Judging from our own experience, as much good can be derived from 10 to 20 grains as from larger quantities. We would consider 15 grains as a medium dose, though we are not by any means disposed to question the assertions of those who have made more extended observations, as already shown, and who give 30 or 60. We again disagree with the author of this paper, in his opinion that it is improper that such a communication as that of Dr. Van Buren should be placed before the public. On the contrary, we think it should be published. Though an epitome of facts, they were collected after much labor and close observation, by responsible men in the profession, and under the high sanction of the Medical Bureau of the Army. It should be published, because it calls the attention of the

profession to a most important subject, one upon which various ideas are entertained by the medical men of this and other countries; thus affording these an opportunity of testing the correctness of the observations.

NOTE.—A good reason for giving large doses of quinine rather than small in intermittent fever, is that a smaller amount of the article is necessary to effect a cure. This I assert on the authority of those who have tested this by many cases. Thus in 75 per cent. a single dose of 20 grains of quinine will effect a cure, while giving it in small doses it will require nearly double the amount. It is a matter also of some importance, inasmuch as this is an unpleasant medicine to take, to diminish the number of doses as much as possible. —*Boston Medical and Surgical Journal.*

Prognosis of Chancre with reference to the probabilities of Secondary Symptoms.—By M. RICORD of Paris—In the report of M. Ricord's lectures, it is stated as the result of his extensive experience in the Venereal Hospital, that he has arrived at the following conclusions relative to the chances of secondary symptoms after a primary sore.

1. Primary ulcer is the indispensable precedent of secondary syphilis; without chancre there can be no general infection, except in the rare case of hereditary disease.

2. Simple non-indurated chancre and gangrenous chancre are very seldom, and only in exceptional cases, followed by secondary syphilis.

3. Indurated chancre always gives rise to constitutional infection.

4. The seat of chancre does not in the least degree influence the production of secondary symptoms. Provided the chancre be indurated, secondary disorder is as common and as constant after sores of the mouth, hand, nose, or foot, as after chancres of the penis.

5. The size of a chancre, the number of sores a person is affected with, do not increase his chances of general infection, always provided none be indurated.

6. If the primary sore be destroyed during the six first days of its existence, no secondary symptoms will follow.

7. If six months elapse after the cure of a chancre (no mercury having been exhibited,) without the appearance of secondary eruptions, all fear of constitutional symptoms may be laid aside.—*Ibid. from the Prov. Med. Jour.*

The Engrafting of Nerves.—M. Flourens, in reference to some experiments made by M. Taignot, proving the possibility of engrafting nerves one on the other, reminded the Academy that he had published, some years since, similar experiments, with like results. He had seen the interlaced

reunion of several nerves; for instance, the superior nerves with the inferior of the brachial plexus, and even the cervical nerves with the pneumogastric. In all these cases there was complete reunion, and in some, a complete return of function. (See "Memoirs of the Academy," vol. xiii. p. 14, and his Experimental Researches into the Functions of the Nervous System," &c., p. 272, *et seq.*—*London Lancet.*

Reduction of Dislocation of Large Joints by Power derived from Twisted Rope.—Dr. Gilbert, Prof. of Surgery in Pennsylvania College, Phila., suggests a method of reducing dislocations of the large joints, which seems to combine the advantages of the pulleys, with greater simplicity, and with the important recommendation that the appliances are always at hand. He attributes to Dr. Fahnestock, of Pittsburg, the credit of first using it.

He describes the mode of application as follows: "Place the patient and adjust the extending and counter, extending bands as for the pulleys; then procure an ordinary bed cord, or wash line, tie the ends together, and again double it upon itself; then pass it through the extending tapes or towels, doubling the whole once more, and fasten the distal end, consisting of four loops of rope, to a window sill, door sill, or staple, so that the ropes are drawn moderately tight; finally, pass a stick through the centre of the doubled rope, dividing the strands equally by it; then, by revolving the stick as an axis or double lever, the power is produced precisely as it should be in such cases, viz:—slowly, steadily, and continuously." Its application is illustrated by a cut in the *Am. Jour. of Med. Sci.* No. for April ult. from which the above is taken. We commend this suggestion especially to surgeons in the country. It strikes us that it must prove an excellent substitute for pulleys, and is infinitely better than the clumsy and objectionable contrivances frequently employed under circumstances where recourse cannot readily be had to pulleys.—*Buff. Med. Jour.*

TO READERS, CORRESPONDENTS, &c.

In addition, to our usual exchange list, we have received (in exchange,)

The Buffalo Medical Journal;

The Quarterly Summary of the Transactions of the College of Physicians, Philadelphia;

The American Quarterly Jour. of Agriculture and Science.

Also—Guthrie on the Anatomy and Diseases of the Urinary and Sexual Organs;

Esquirol on Insanity; (both from the publishers.)

The delay in the issue of the present number, has resulted from the absence of the editor. As he has returned and resumed his duties, no delay can again result from the same cause.